

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Transmitted herewith for filing is the patent application of:

INVENTORSHIP Brent Keeth et al.
ATTORNEY'S DOCKET NO. MI22-356
TITLE Semiconductor Memory Circuitry

TRANSMITTAL LETTER AND CERTIFICATE OF EXPRESS MAILING

To: Commissioner of Patents and Trademarks
Box Patent Application
Washington, D.C. 20231

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Enclosed are:

- 1. Return Postcard Receipt
- 2. A \$1228 check
- 3. Transmittal letter including Certificate of Express Mailing
- 4. Title page, plus 52 total Specification, Claims and Abstract pages (Claims 1-27)
- 5. Executed Declaration
- 6. 23 sheets of formal drawings (Figs. 1-35)
- 7. An assignment of the invention to Micron Technology, Inc. A Recordation Cover Sheet
- 8. Information Disclosure Statement including PTO-1449 with copies of references

The Commissioner is hereby authorized to charge payment of fees or credit overpayment to Deposit Account No. 23-0925 in connection with: any patent application processing fees under 37 CFR 1.17; and any additional filing fees under 37 CFR 1.16 for the presentation of extra claims.

Respectfully submitted,

Date: 9/20/95

By: [Signature]
Title: Attorney/Agent for Applicant
Mark S. Matkin
Reg. No.: 32,268

CERTIFICATE OF EXPRESS MAILING

I hereby certify the papers listed and marked above are being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to The Commissioner of Patents and Trademarks, Washington, D.C. 20231, on the below-indicated date. The Express Mail label No. has been placed individually on the above listed and marked papers.

Express Mail No. is T B77027191 X

Dated: September 30, 1995 Signature: [Signature]
Name: Helen M. Hare

CALCULATION OF TOTAL FEES DUE

| CLAIMS FEES | Number Filed (Col. 1) | No. Extra (Col. 2) | Small Entity | | Large Entity | |
|---|--------------------------|-----------------------|--------------|----------|--------------|----------|
| | | | Rate (\$) | Fee (\$) | Rate (\$) | Fee (\$) |
| Basic Fee | | | | 365 | | 730 |
| Total Claims | 27 - 20 = | 7 | x 11 = | | x 22 = | 154 |
| Indep. Claims | 7 - 3 = | 4 | x 38 = | | x 76 = | 304 |
| <input type="checkbox"/> Multiple dependent claim presented *If the difference in Col. 1 is less than zero, enter "0" in Col. 2 | | | x 120 = | | x 240 = | |
| TOTAL APPLICATION FEES | | | | | | |
| <input checked="" type="checkbox"/> Assignment Recording Fee (Recordation Form Cover Sheet included) | | | | | | 40 |
| | | | | | | |
| Any Other Fees | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL FEES SUBMITTED | | | | | | 1228 |